MDR Tracking Number: M5-04-0266-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/23/03.

I. DISPUTE

Whether there should be additional reimbursement for A4306 – post op pain pump reduced to "M" - fair and reasonable.

II. RATIONALE

There is no MAR listed in the Medical Fee Guideline for the disputed equipment.

Commission Rule 133.307 (g)(3)(D) states, "if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 of this title (relating to Definitions) and §134.1 of this title (relating to Use of the Fee Guidelines);"

The requestor submitted EOBs from several carriers indicating they considered the \$550.00 charge for the equipment to be fair and reasonable.

The respondent furnished no such information to support their fair and reasonable estimate. Per the carrier's response, they identified the wholesale price of the item and paid the wholesale price plus an arbitrary addition of ten percent.

The requestor supported their disputed equipment was priced at a fair and reasonable amount. The respondent failed to do so. On this basis, additional reimbursement is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for A4306 in the amount of \$351.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$351.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of May, 2004.

Noel L. Beavers Medical Dispute Resolution Officer Medical Review Division